



# ADARA UPDATE

Professionals Networking for Excellence  
in Service Delivery with Individuals  
who are Deaf or Hard of Hearing



## Season of Reflections, Transitions and Change

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# ADARA

2021, Issue 4

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Jamie Chapin

## Editor's Notes: *Jamie Chapin*

The autumn season is upon us again, as ADARA president mentioned in his column that this usually means a time of reflection, transitions, and looking forward to changes.

In this newsletter, you will find an article related to collaborations between mental health and vocational rehabilitation service providers and how we can improve, and where it may lead. Also, on page 11, there is information to learn about the relaunching of the counseling programs at Gallaudet University and what may become out of this.

Continue to keep an eye on additional information coming up for the 2022 ADARA conference!

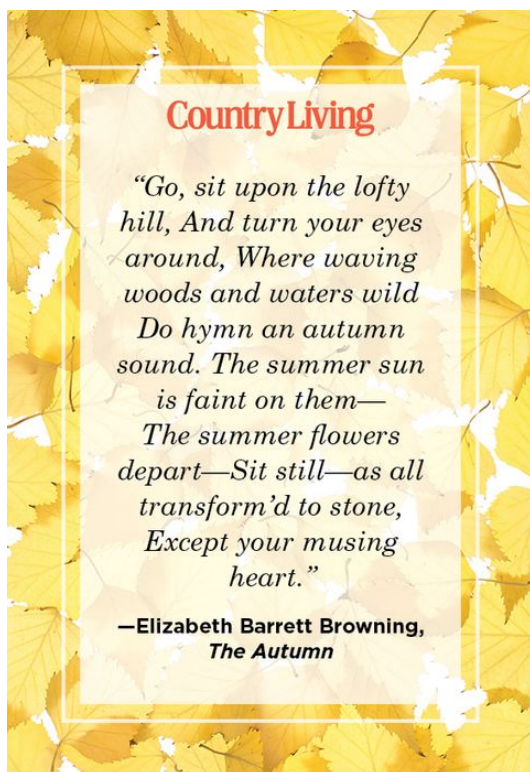
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# PRESIDENT'S COLUMN



Stephen Roldan

## Autumn Reflections



Fall has always been my favorite season of the year for many reasons. Over the years, our family has been fortunate to live in various climates and cultures across the nation. With each new transition, we have added things that we love about fall.

In Utah, the high elevation brought crisp mornings and patches of color across the Rocky Mountains. Apple trees beckoned to be relieved of their fruit before the frost sets in. Fall brought the sounds and sights of thousands of students returning to school, eager to learn and begin another year. Halloween became one of the busiest days ever at our front door with a constant stream of costumes, candy, and fun. For me, fall in Utah wouldn't be complete without the roaring crowds attending packed college football stadiums and cheering on our favorite team: Go BYU Cougars!

The falls in Washington State ushered the soothing rainstorms along with vast outdoor opportunities that are unique to the Pacific Northwest. The mountains surrounding the western cities slowly began building their annual snowcaps, bringing an icy chill to the quiet valleys below—local rivers filled with salmon and other anadromous species returning home for the annual spawn. The air was fragrant with the smell of fireplaces burning pine, alder, and maple.

Autumns on the Central Coast of California are unique because, frankly, there is no autumn in my home state. For that matter, there isn't much of winter either. Instead, there's a gradual transition to the rainy season. By the end of fall, golden California transitions to a lush green,

spring-like appearance. Best of all, at least to me, the Pacific Ocean awakens from its summer slumber with bigger surf and swells from the storms slamming into Alaska and the Pacific Northwest. Warm temperatures and the California “cool dude” vibe are found abundantly during autumn.

As our family migrated to the East Coast in Virginia, we have thanked autumn for bringing an end to the brutal humidity and heat of summer while opening the curtains to one of Mother Nature’s most spectacular shows of color. Chowders, stews, and warming meals feel so much more meaningful out east than they did out on the central coast of California, where there isn’t much of a change in weather or scenery in the landscape until December.

For many, fall also brings annual traditions and a sense of gratitude for the annual “harvest” and renewed kinship with friends and family. Fall is the antithesis and contrast of spring. Spring brings renewed hope and renewed energy in preparation for the coming productive months of summer. Spring is when anything is possible- the genesis of the “this is our year” movement with endless possibilities and long horizons.

Whereas fall lends itself as a time to reflect and be introspective of our labors of spring and summer. The shorter days remind us of the finite chances we have to be productive in this life as we serve others and look to improve ourselves.

I love how fall arrives in conjunction with the closing of the Federal year. For those of us in Vocational Rehabilitation, it is the final opportunity to reckon accountability for the year and examine the results of the year’s labors and efforts. In particular, this has been the first full year for all of us to deal with the impacts of COVID-19 and do our best to move forward.

While lately, it seems like many in the world bemoan and dwell on the unpredictable, I’ve noticed the common thread for ADARA membership is made of hope, a “can do” attitude, and changing the proverbially lemon into lemonade. The fictional sage, Obi-Wan Kenobi, once told his frustrated young pupil, “many of the truths we cling to depend greatly on our own point of view.”

Relating this to our daily tasks, maybe we didn’t get as many services completed as we hoped. Perhaps we still are in the process of refining our services to meet the pending changes in the world around us. The one thing we ultimately have control over is the attitudes we bring every day. For example, nobody can make you mad. We have free agency to govern all of our emotions: mad, sad, glad, happy, and so on. Becoming angry is a choice, the same as all the other decisions we make as we look to resolve conflicts, improve ourselves and the lives of others.

I hope that as we look back this fall that we will focus on the positive. Look for the good in all things, find a good report, and be noteworthy in others. Lastly, I look forward to hearing from you about your successes as we move forward together. Onward!

**Stephen Roldan**

**ADARA President**

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# Improving Mental Health and Vocational Rehabilitation Collaborations for Deaf, DeafBlind, and Hard of Hearing Consumers



*Written by: Tobias Wilde, MSW, LICSW*

In 2013, I was near the end of my graduate studies in obtaining a master's in social work degree at the University of Utah. I was completely new to the field of social work and mental health services but had a lifetime of experience as a CODA and 13 years of experience as a professional ASL interpreter collaborating with various providers. I have always believed with greater collaboration, we could assist Deaf, DeafBlind, and Hard of Hearing consumers in accessing better mental health services and resources across the state. As a novice mental health professional, I reached out to local providers in Utah, shared my ideas, and discovered that others were interested in my ideas. Annette Stewart, at the Sanderson Community Center of the Deaf and Hard of Hearing, was the first to introduce me to ADARA. Unfortunately, I was not personally able to make much progress in developing a collaborative network during my stay in Utah. In 2015 when I began working in Minnesota, I learned more about and joined ADARA. I still believe in and see the potential possibilities of greater collaborative efforts between mental health providers and vocational rehabilitation counselors to improve the quality of services and increase the successful outcomes of the Deaf, DeafBlind and Hard of Hearing consumers in every community where we serve.

The purpose of this article is to identify the main factors that have enabled successful collaborative efforts made by mental health providers (MH) and vocational rehabilitation counselors (VR); determine what is currently lacking in the collaborative efforts among MH and VR counselors; and begin some conversations and open a dialogue between local agencies for improving the collaborative efforts to increase outcomes for our Deaf, DeafBlind, and Hard of Hearing consumers.

A review of the literature was conducted on any evidenced-based practices of collaborative efforts between mental health providers and vocational rehabilitation counselors. Here is a list of factors that have proven effective within communities with MH and VR collaboration:

1) **Establish Common Goals** shared by both MH and VR agencies by identify and determined common:

- a) *Outcome measures,*
- b) *Evaluation criteria,*
- c) *Reporting procedures,* and
- d) *Measurements for success* (Marrone, 2014).

2) **Leadership Involvement** by both MH and VR supervisors in the implementation and sustained unified message for collaboration. MH agency leaders help define employment as a central part of recovery and include VR as part of the mental health treatment team (Swanson 2014). MH and VR leaders also help by streamlining policies and processes (Marrone, 2014). Leadership involvement also provided a clear and consistent message to MH and VR agency staff:

- a) Work is an essential component of recovery.
- b) Work is the expectation for all adults who can work (and we make the presumption that everyone can work).
- c) Our system will encourage, facilitate, and move towards paid, integrated employment.
- d) Our system will remove (and not create) barriers to work (Marrone, 2014).

3) **Clearly Defined Roles** that include pre-treatment and pre-vocational training, assessment, treatment team involvement with both MH and VR present, and follow-along efforts. (Marrone, 2014; Tucci, 2019; Weinstock, 1995).

4) **Steering Committee** or cross-agency workgroups to develop fidelity improvement plans, provide cross-agency training, and help reinforce employment as a combined mission for both agencies (Marrone, 2014; Swanson 2014).

5) **Treatment Team** consists of MH counselors, MH case managers, VR counselors, and employment specialists that meet at least monthly. (Swanson, 2014; Tucci, 2019; Weinstock, 1995).

6) **Assign a Liaison** to be familiar with the regulations and norms for both MH and VR systems. This person is better equipped to advocate for the client when encountering system obstacles like VR eligibility and MH confidentiality requirements. (Marrone, 2014; Tucci, 2019; Weinstock, 1995).

7) **Shared Physical Space** to encourage frequent formal and informal meetings and contact with each other to build personal relationships and trust for effective collaboration. (Swanson, 2014; Tucci, 2019; Weinstock, 1995).

8) **Establish Funding** to provide payment for VR and MH time spent during integrated services and annual fidelity reviews to encourage effective collaboration (Marrone, 2014; Swanson, 2014).

9) **Created Business Associate Agreements** for sharing of confidential information in accordance with state laws. Both MH and VR agencies understood and followed privacy and confidentiality (Swanson 2014).

To get a better sense of where things stand between MH and VR counselors in 2021, I sought input from 38 mental health providers, employment specialists, and vocational rehabilitation counselors who have worked with consumers who are Deaf, DeafBlind, or Hard of Hearing in the state of Minnesota. I sent out a questionnaire consisting of six questions about experiences had in collaborating between MH and VR counselors. There were nine responses: four from MH and five from VR. I recognize that this is not a statistically significant number of responses to accurately represent these two groups of professionals. Hence, the need for more dialogue and research on

this topic. One could interpret the lack of response as evidence that interest in collaboration between MH and VR counselors is not high. And yet, all nine respondents agreed that collaboration between MH and VR counselors is preferable; each of them reported positive experiences while collaborating in the past, are willing to do more collaboration, and believe that improved collaboration would benefit their clients needing both services. The respondents also alluded to things that can improve future collaborative efforts. Many of the issues hinted at could have been avoided had the factors above been in place. Some of the themes alluded to, but not explicitly stated, in the responses from MH and VR in Minnesota include:

- 1) **Communication.** Many reported feelings that there was not enough communication between MH and VR. The response time was too slow in addressing the consumer's needs, or there was uncertainty of what the other MH or VR counselor was working on with the consumer and/or what needed to be communicated.
- 2) **Roles.** There were reports of a lack of awareness of services provided by the other agency and recognition for clearly defined roles to accomplish specific consumer goals. Those that had a better personal relationship with a particular MH or VR counselor seemed to have more collaborative experiences.
- 3) **Goals.** From the responses, there seemed to be a lack of understanding in the approaches taken by the MH or VR counselor and concern for duplication of services without effective collaboration.
- 4) **Treatment Team.** When the MH and VR did not communicate or provide updates in a timely manner, issues fell through the cracks and could not be addressed or resolved, leaving the other to feel that they had to pick up the slack.
- 5) **Referrals** were often made by both MH and VR counselors without engaging in collaborative efforts. Most of the time, it was felt that the consumer would get the services they needed without the need for collaboration.

It should be noted that some of the limitations of this article include: 1) the lack of input from Deaf, DeafBlind, and Hard of Hearing consumers and their experience with the collaborative efforts of MH and VR counselors; and 2) the relatively few accessible published works on the topic. As a result, I advocate the need for more discussion and research, especially for Deaf, DeafBlind, and Hard of Hearing individuals struggling to obtain and maintain employment due to mental health challenges.

I hope that these ideas, suggestions, and things to be aware of, will be a starting point. Giving us the opportunity to reflect on where we are now within our profession and in our communities—deciding which of these ideas to implement in our local communities. Implement and begin researching the efficacy of these collaborative factors among our MH and VR agencies that work with the Deaf, DeafBlind, and Hard of Hearing. I hope this article will spark a dialogue within our local and national communities to improve or modify and leverage these collaborative factors into our specific communities. Ultimately, by taking the steps suggested in this article, I believe we can improve the outcomes for each consumer that we serve.

## References:



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## Write for the ADARA Update



Do you enjoy reading about what is happening in the community? Do you have something interesting to share? The *Update* is looking for **YOU!** Tell us what you have been doing in your community or organization. The **Update** publishing schedule is listed below. In order to meet these deadlines, copy, including advertisement, must be in hand by the deadline date.

### Submission Deadline

December 15, 2021  
March 15, 2022  
June 15, 2022

### Projected Publication Date

January, 2022  
April, 2022  
July, 2022

Requirements: Have something interesting to share with our members about service provisions for Deaf individuals. If you are interested in writing, contact: [newsletter@adara.org](mailto:newsletter@adara.org)

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# The Relaunching of the Counseling Programs at Gallaudet University



*Written by: Gabriel I. Lomas, Ph.D.*

Many ADARA members are alumni of Gallaudet programs that train helping professionals. I am an alumnus of the M.A. in Counseling program, class of 2001. When I reflect on my own training, I have fond memories of the program. Living in the dorms with peers who were Deaf and hearing, all using ASL, was a life-changing experience. Having faculty who understood and affirmed the Deaf experience was part of what makes Gallaudet special. There is no other place like it in the world, and this is why the suspension of Gallaudet's counseling programs in 2020 was both scary and painful. This is also why I accepted the position of Director of Counseling Programs at Gallaudet. With nearly two decades of experience in higher education, years of clinical experience, a significant body of scholarship and grant awards, I am humbled and honored to lead the counseling programs into a new era.

We are still early in our redevelopment of the counseling programs. While I cannot guarantee it will unfold in the manner described below, your ADARA board members asked me to share my vision with readers. To get a sense of my vision, I think it would be helpful for readers to know a little about my past. For the past 12 years, I have trained counselors at Western Connecticut State University (WCSU). WCSU is a small, regional university with about 6,000 total students enrolled in all programs. The counseling programs at WCSU were already reputable when I arrived in 2009. The programs were holding strong, with about 20 to 30 new students enrolled each year of the three-year program. At any given time, there were between 75 and 90 students enrolled in the two counseling programs. The year after I arrived, I started offering elective programming in play therapy which grew to a full training option. In 2017, I secured a \$2 million federal grant to expand the mental health workforce into primary care settings in western Connecticut. I began working with a local hospital and developed cutting-edge training for mental health counseling and nursing students. In 2021, my work was validated with two more grants of \$2M each. Over my last four years at WCSU, the admissions to the counseling program became highly competitive, and the census grew from about 80 students to 120. Due to this growth, the

university opened a new simulation center, a training clinic, and hired more faculty to manage the new projects.

The COVID-19 pandemic hit and caused WCSU to move all training online. While it was upsetting for my small, regional institution, the faculty members were surprised at the efficacy of this new learning modality. Using creative teaching strategies, students stayed engaged just as well as they did when we were in classes on campus. At the hospital, we were able to pivot from an in-person simulation center to a virtual laboratory. The medical residents shifted from live simulations to virtual simulations in which we practice telehealth visits, and it worked very well. There was a silver lining to COVID-19 related to counselor education, and we learned it could be done effectively using both existing and emerging technology.

After I was hired at Gallaudet, I was asked to shift the programs from an on-campus format to virtual learning with a low residency requirement. This change would allow for students who were unable to relocate to Gallaudet to have that barrier removed. Furthermore, working adults who have families and financial obligations will be able to access an online program. This important change would now offer significantly greater numbers of people improved access to graduate education in counseling. The goal is to have students come to campus for a two-week residency each summer. We anticipate those two weeks will give students an opportunity to bond as a cohort while faculty focuses on acquiring counseling skills. Students will continue learning using a hybrid model for the remainder of the summer. During the long semesters, students will engage in distance learning using a virtual platform. Today's technology allows us to offer greater attention to students than they may receive in face-to-face classes. For example, students who may stay quiet in a course on-campus are not allowed to stay quiet online. They must engage in discussions and upload videos, allowing faculty to ensure all students are engaged in the instruction. This teaching platform will ensure that counselors are trained in a manner consistent with national standards.

We hope to begin to relaunch one of the counseling programs in the summer of 2022. The vision is to have both programs running by the summer of 2023. Furthermore, we hope to add additional specializations to the programs by the summer of 2025. For example, addiction counseling is a high-need area, but few counselors can provide addiction treatment in a culturally affirming manner to Deaf clients. Thus, we hope to have an addiction specialization running by 2025. Finally, we also hope to take advantage of the recent growth in federal funding for mental health treatment. We are already in discussion with leaders in integrated care so we can position ourselves to win a federal grant for counselor training. The goal is to remove barriers to training. With a low-residency program, the barrier of relocation will be removed. With federal grant funding, financial barriers will be diminished.

The future of Gallaudet counseling programs is bright. While we have many challenges ahead of us, we are excited about the opportunities that will present themselves as we work to redevelop our beloved programs. Individuals who have questions should contact the Director of Counseling Programs, Dr. Gabriel Lomas, at [gabriel.lomas@gallaudet.edu](mailto:gabriel.lomas@gallaudet.edu).

# JADARA

JADARA is a widely read publication which deals with research findings (pragmatic applications), program descriptions and articles on deafness, and the disciplines of rehabilitation, social services, mental health, and other related areas.

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## Articles:

### Healthcare Altruism and Dysconscious Healthism in the Delivery of Integrated Healthcare Services to Individuals who are Deaf, Hard of Hearing, and DeafBlind

*Jaime A.B. Wilson and Michael John Gournaris*

#### **Abstract**

*Healthcare altruism and dysconscious healthism* are terms proposed to recognize the barriers to healthcare access faced by not only individuals with hearing loss but also all minority populations. The implications of an integrated healthcare model to provide services to individuals who are d/Deaf, hard of hearing, or DeafBlind (D/HH/DB) are explored. Unique insights are then offered regarding existing barriers to healthcare access and the next steps.

### Becoming Psychologists: Barriers and Bridges Encountered by Deaf and Hard of Hearing Students in Education and Training Settings

*Deborah Schooler, Lori A. Day, Sheila Maynard, Rynne Rosier, Ashley Pabon, Cara A. Miller, and Kathryn Wagner*

#### **Abstract**

Culturally competent mental health providers are needed to serve deaf and hard of hearing populations. This study used a mixed-methods approach to investigate deaf and hard of hearing students' experiences of bias, affirmation, and program climate at a bilingual (ASL/written English) university. Results emphasized the importance of access to signed classroom communication and mentoring opportunities with deaf faculty. Participants also described extensive peer conflict, often centering on D/deaf identities, language use, and/or race. Participants also reported experiencing discrimination when seeking internships and externships and wished to see faculty actively engaged in resisting biases experienced during their training.

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